MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3439

1. PLACE OF DEATH
County St Louis Court
Township Carondelet
City (No. 816 Tonica Ave St. Ward)
Registration District No. 1123
Primary Registration District No. 6248
File No.
Registered No. 31

2. FULL NAME Charles ~~Schair~~ Schira
(a) Residence. No. 133 West Louis St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen ~~Schair~~ Schira

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1883

7. AGE: Years 35 | Months 4 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Aug ~~Schair~~ Schira
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Carrie Kassel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Helen ~~Schair~~ Schira
(Address) 133 W Louis Av

15. FILED Jan. 17, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 17, 1929, that I last saw him alive on Jan 12, 1929, and that death occurred, on the date stated above, at 3.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess on right lung
(Tuberculosis) L.C.O. (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Gastro Enteritis
(Tuberculosis) L.C.O. (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. H. Tate, M.D.
, 19 (Address) 9439 Edgar ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Trinity Cemetery
DATE OF BURIAL: Jan 19 1929

20. UNDERTAKER: Fendler Hnd Co
ADDRESS: 7819 Mich

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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